

20:50:02:08. Annual renewal fees. The annual renewal fee for licensed optometrists is ~~\$225~~ \$300 if paid by the first day of October of each year. The additional fee for reinstatement after a default, pursuant to SDCL 36-7-20, is \$100.

Source: 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 44, effective October 20, 1986; 31 SDR 101, effective January 19, 2005; 32 SDR 225, effective July 5, 2006.

General Authority: SDCL 36-7-20.

Law Implemented: SDCL 36-7-20, 1-26-6.9.

DEPARTMENT OF HEALTH

OPTOMETRY

PROCEDURAL CODES LIST

Chapter 20:50:04

APPENDIX A

SEE: § 20:50:04:12

Source: 32 SDR 225, effective July 5, 2006; 34 SDR 101, effective October 18, 2007; 36 SDR 44, effective September 30, 2009; 39 SDR 127, effective January 21, 2013.

APPENDIX A

Optometric Clinical Procedures Approved by South Dakota Board of Optometry

(Within this Appendix, the word "Physician(s)" refers to Optometrist(s))

CPT Code	Description of Clinical Procedure	Notes/Comments
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions.	
11201	Each additional ten lesions (list separately in addition to code for primary procedure).	
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula).	
65205	Removal of foreign body, external eye; conjunctival superficial.	
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating.	
65220	Removal of foreign body, external eye; corneal, without slit lamp.	
65222	Removal of foreign body, external eye; corneal, with slit lamp.	
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body.	
65430	Scraping of cornea, diagnostic, for smear and/or culture.	
65435	Removal of corneal epithelium; with or without	

CPT Code	Description of Clinical Procedure	Notes/Comments
	chemocauterization (abrasion, curettage).	
65600	Multiple punctures of anterior cornea (e.g., for corneal erosion, tattoo).	
<u>65778</u>	<u>Placement of amniotic membrane on the ocular surface; without sutures</u>	
66999	Unlisted procedure, anterior segment of eye.	
67820	Correction of trichiasis; epilation, by forceps only.	
67850	Destruction of lesion of lid margin (up to 1 cm).	
67938	Removal of embedded foreign body, eyelid.	
68020	Incision of conjunctiva, drainage of cyst.	
68136	Destruction of lesion, conjunctiva.	
68040	Expression of conjunctival follicles (e.g., for trachoma).	
68761	Closure of the lacrimal punctum; by plug, each.	
68801	Dilation of lacrimal punctum, with or without irrigation.	
68810	Probing of nasolacrimal duct, with or without irrigation.	
68840	Probing of lacrimal canaliculi, with or without irrigation.	
76511	Ophthalmic ultrasound, echography, diagnostic; A-scan only, with amplitude quantification.	
76512	Ophthalmic ultrasound, echography, diagnostic; contact B-scan (with or without simultaneous A-scan).	

CPT Code	Description of Clinical Procedure	Notes/Comments
76514	Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry unilateral or bilateral (determination of corneal thickness).	
76516	Ophthalmic biometry by ultrasound echography, A-scan.	
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation.	
76529	Ophthalmic ultrasonic foreign body localization.	
82785	Ige (allergy) tear film test.	
83520	Unlisted tear immunoassay, e.g., lactoferrin.	
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.	
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits.	
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient.	
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits.	

CPT Code	Description of Clinical Procedure	Notes/Comments
92015	Determination of refractive state.	
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete.	
92020	Gonioscopy (separate procedure).	
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report.	
92060	Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure).	
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation.	
92071	Fitting of a contact lens for treatment of ocular surface disease.	
92072	Fitting contact lens for management of keratoconus, initial fitting.	
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent).	
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (e.g., at least	

CPT Code	Description of Clinical Procedure	Notes/Comments
	2 isopters on Goldmann perimeter, or semiquantitative, automated suprachreshold screening program, Humphrey suprachreshold automatic diagnostic test, Octopus program 33).	
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2).	
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (e.g., diurnal curve or medical treatment of acute elevation of intraocular pressure).	
92120	Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method.	
92130	Tonography with water provocation.	
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve.	
92134	Scanning computerized ophthalmic diagnostic imaging,	

CPT Code	Description of Clinical Procedure	Notes/Comments
	posterior segment, with interpretation and report, unilateral or bilateral; retina.	
92136	Ophthalmic biometry.	
92140	Provocative tests for glaucoma, with interpretation and report, without tonography.	
92225	Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial.	
92226	Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; subsequent.	
92250	Fundus photography with interpretation and report.	
92260	Ophthalmodynamometry.	
92270	Electro-oculography, with interpretation and report.	
92275	Electroretinography, with interpretation and report.	
92283	Color vision examination, extended, e.g., anomaloscope or equivalent.	
92284	Dark adaptation examination, with interpretation and report.	
92285	External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniphotography, stereo-photography).	

CPT Code	Description of Clinical Procedure	Notes/Comments
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count.	
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes except for aphakia.	
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye.	
92312	Corneal lens for aphakia, both eyes.	
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscopic lens.	
92314	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia.	
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye.	
92316	Corneal lens for aphakia, both eyes.	
92317	Corneoscopic lens.	

CPT Code	Description of Clinical Procedure	Notes/Comments
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation.	
92326	Replacement of contact lens.	
92340	Fitting of spectacles, except for aphakia, monofocal.	
92341	Bifocal.	
92342	Multifocal, other than bifocal.	
92352	Fitting of spectacle prosthesis for aphakia; monofocal.	
92353	Multifocal.	
92354	Fitting of spectacle mounted low vision aid; single element system.	
92355	Telescopic or other compound lens system.	
92358	Prosthesis service for aphakia, temporary (disposable loan, including materials).	
92370	Repair and refitting spectacles; except aphakia.	
92371	Spectacle prosthesis for aphakia.	
92499	Unlisted ophthalmological service or procedure.	e.g., corneal topography
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash.	
97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional	

CPT Code	Description of Clinical Procedure	Notes/Comments
	performance), each 15 minutes.	
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes.	Low Vision
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes.	Low Vision
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training meal preparation safety procedures and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.	Low Vision
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis), direct one-on-one contact by provider, each 15 minutes.	Low Vision
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service.	
99051	Services provided in the office during regularly scheduled	

CPT Code	Description of Clinical Procedure	Notes/Comments
	evening, weekend, or holiday office hours, in addition to basic service.	
99053	Services provided between 10 p.m. and 8 a.m. at 24 hour facility, in addition to basic service.	
99070	Supplies and materials (except spectacles) provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided).	
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudiosochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare). (This service must employ graduated visual acuity stimuli that allow a quantitative determination of visual acuity (e.g., Snellen chart). This service may not be used in addition to a general ophthalmological service or an E/M service.)	
99173	Screening test of visual acuity, quantitative, bilateral. (The screening test used must employ graduated visual acuity stimuli that allow a quantitative estimate of visual acuity (e.g., Snellen chart). Other identifiable services unrelated to this screening test provided at the same time may be reported	

CPT Code	Description of Clinical Procedure	Notes/Comments
	separately (e.g., preventive medicine services). When acuity is measured as part of a general ophthalmological service or of an E/M service of the eye, it is a diagnostic examination and not a screening test.)	
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with	

CPT Code	Description of Clinical Procedure	Notes/Comments
	the patient and/or family.	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.</p>	
99211	<p>Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.</p>	
99212	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p>	
99213	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p>	
99214	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>	
99215	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity.</p> <p>Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>	
99241	<p>Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family' needs.</p> <p>Usually, the presenting problem(s) are self-limited or minor.</p> <p>Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p>	
99242	<p>Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	
99244	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family' needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	
99245	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.</p>	
99307	<p>Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving.</p>	
99308	<p>Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity.</p> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication.</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
99309	<p>Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem.</p>	
99310	<p>Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.</p>	
99324	<p>Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.	
99325	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	
99326	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically	

CPT Code	Description of Clinical Procedure	Notes/Comments
	spend 45 minutes with the patient and/or family or caregiver.	
99327	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	
99328	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.	
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.</p>	
99335	<p>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.</p>	
99336	<p>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity.</p> <p>Physicians typically spend 40 minutes with the patient and/or family or caregiver.</p>	
99337	<p>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.</p>	
99341	<p>Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	
99343	Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	

CPT Code	Description of Clinical Procedure	Notes/Comments
99344	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	
99345	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to face with the patient and/or family.	
99347	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making.	

CPT Code	Description of Clinical Procedure	Notes/Comments
	Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	
99348	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	
99349	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting	

CPT Code	Description of Clinical Procedure	Notes/Comments
	problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	
99350	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	
99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour. (List separately in addition to code for office or other outpatient Evaluation and Management service).	
99355	Each additional 30 minutes. (List separately in addition to code for prolonged physician service).	
99499	Other Unlisted Evaluation and Management Services.	

CPT Code	Description of Clinical Procedure	Notes/Comments
A4263	Permanent, long-term, non-dissolvable lacrimal duct implant, each.	
GO117	Glaucoma screening for high-risk patients furnished by an optometrist or ophthalmologist.	
GO118	Glaucoma screening for high-risk patients furnished under the direct supervision of an optometrist or ophthalmologist.	
XXXXXX-55	Ophthalmic surgery co-management/postoperative care.	
S0500	Disposable contact lens, per lens.	
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens.	
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens.	
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass) per lens.	
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens.	
S0512	Daily wear specialty contact lens, per lens.	
S0514	Color contact lens, per lens.	
S0516	Safety eyeglass frames.	
S0518	Sunglasses frames.	
S0580	Polycarbonate lens.	

CPT Code	Description of Clinical Procedure	Notes/Comments
S0581	Nonstandard lens.	
S0590	Integral lens service, miscellaneous services reported separately.	
S0592	Comprehensive contact lens evaluation.	
S0620	Routine ophthalmological examination including refraction; new patient.	
S0621	Routine ophthalmological examination including refraction; established patient.	
S0820	Computerized corneal topography, unilateral.	
S0830	Ultrasound pachymetry to determine corneal thickness, with interpretation and report, unilateral.	

Optometric Clinical Procedures Approved by South Dakota Board of Optometry

(these codes require hospital privileges)

CPT Code	Description of Clinical Procedure	Notes/Comments
99221	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problems(s) and the	

CPT Code	Description of Clinical Procedure	Notes/Comments
	patient's and/or family's needs. Usually, the problems requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	
99222	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problems requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.	
99223	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problems requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.	
99231	Subsequent hospital care, per day, for the evaluation and	

CPT Code	Description of Clinical Procedure	Notes/Comments
	management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>examination; medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.</p>	
99234	<p>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.</p>	
99235	<p>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.	
99238	Hospital discharge day management; 30 minutes or less.	
99239	Hospital discharge day management; more than 30 minutes.	
99251	Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	
99252	Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history, an expanded problem focused examination, and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital	

CPT Code	Description of Clinical Procedure	Notes/Comments
	floor or unit.	
99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.	
99254	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.	
99255	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of	

CPT Code	Description of Clinical Procedure	Notes/Comments
	care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.	
99281	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	
99282	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low or moderate severity.	
99283	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.</p>	
99284	<p>Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.</p>	
99285	<p>Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of high severity, and pose an immediate significant threat to life or physiologic function.</p>	
99356	<p>Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (e.g.), maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient), first hour (List separately in addition to code for inpatient Evaluation and Management service).</p>	
99357	<p>Each additional 30 minutes (List separately in addition to code for prolonged physician service).</p>	

ARTICLE 20:50

OPTOMETRY

Chapter

20:50:01	Definitions.
20:50:02	Examinations of candidates.
20:50:03	Optometric schools.
20:50:04	Code of ethics.
20:50:05	Advertising.
20:50:06	Office and equipment requirements.
20:50:07	Minimum examination.
20:50:08	Continuing education requirements.
20:50:09	Petitions for rules, Superseded or repealed.
20:50:10	Prescribing of contact lenses.
20:50:11	Corporate practice.
<u>20:50:12</u>	<u>Complaint investigation.</u>

CHAPTER 20:50:12

COMPLAINT INVESTIGATION

Section

20:50:12:01	Complaints.
20:50:12:02	Investigations.
20:50:12:03	Completion of complaint investigation.
20:50:12:04	Status of complainant.
20:50:12:05	Failure to renew during investigation.

20:50:12:01. Complaints. Upon receipt of a written complaint, the board may initiate an investigation. Any person filing a complaint shall submit the complaint in writing to the executive secretary, on a form provided by the executive secretary. A complaint is not a public record. Any complaint that concerns matters over which the board does not have jurisdiction will be dismissed, and the complainant will be notified of that action. An investigation may also be initiated upon receipt by the executive secretary of information sufficient to create a reasonable suspicion that a licensee is in violation of any applicable standard for professional conduct, or that the health or welfare of the public is endangered.

Source:

General Authority: SDCL 36-7-15(3)

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15

20:50:12:02. Investigations. If the complaint alleges a violation of a matter within the board's authority or compliance with licensing standards and requirements, the executive secretary shall promptly investigate the complaint or provide the complaint to the board investigator for investigation. The executive secretary shall give written notice to the license, permit, or certificate holder of the complaint, along with a statement that the licensee is entitled to due process rights, including the right to notice and an opportunity to be heard and to be represented by counsel. The licensee will be requested to provide a

written response to the complaint, which the licensee must provide to the executive secretary within twenty days of receipt of the request, and will be notified that a copy of that response may be provided to the complainant. Upon completion of a complaint investigation, the investigator shall prepare a report to present to the executive secretary of the investigator's findings and conclusions for review. Upon review of the investigator's report, the executive secretary may direct further investigation of the matter.

Source:

General Authority: SDCL 36-7-15(3)

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15

20:50:12:03. Completion of complaint investigation. Upon completion of a complaint investigation, the following sanctions may be imposed after a determination by the board that a violation exists:

- (1) A letter of concern, which shall be placed in the licensee's permanent records; a letter of concern is not a public record;
- (2) Formal reprimand;
- (3) Require that the licensee comply with specified terms and conditions;
- (4) Probation of license to practice optometry in the state of South Dakota;
- (5) Suspension of license to practiced optometry in the state of South Dakota;
- (6) Revocation of license to practice optometry in the state of South Dakota; or

(7) Restitution and payment of all costs and expenses of the investigation and proceedings, including attorney fees.

If the licensee disputes the determination, a contested case hearing shall be held pursuant to SDCL ch. 1-26. Pursuant to SDCL 1-26-20, informal disposition may be made by stipulation, agreed settlement, consent order, or default. A final action taken in disposition of a complaint matter is public unless otherwise provided for by law.

Source:

General Authority: SDCL 36-7-15(3)

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15

20:50:12:04. Status of complainant. The complainant is not a party to any contested case hearing resulting from the investigation of a complaint, although the complainant may be called as a witness in the hearing. A complainant shall be notified of any public final action taken by the board as a result of a complaint.

Source:

General Authority: SDCL 36-7-15(3)

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15

20:50:12:05. Failure to renew during investigation. An optometrist may choose not to renew the license after a complaint has been initiated. A failure to renew after the licensee has been notified that an investigation has been initiated shall be reported as

“withdrawn under investigation” in the board’s permanent license file and in any national databases to which the board is required to report licensure action.

Source:

General Authority: SDCL 36-7-15(3)

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15

20:50:12:06. Costs of disciplinary actions. The board may assess against a licensee or applicant all or part of its expenses, including investigator and attorney fees, associated with a contested case proceeding which results in discipline action. If assessing such expenses, a statement of expenses shall be presented to the board or hearing examiner at the time proposed findings of fact and conclusions of law are submitted.

Source:

General Authority: SDCL 36-7-15(3)

Law Implemented: SDCL 1-26-29.1